

Integration Joint Board

Agenda item:

Date of Meeting: 25th March 2020

Title of Report: HSCP Performance Exception Report - Financial Quarter 3
(2019/20)

Presented by: Stephen Whiston - Head of Strategic Planning & Performance

The Senior Leadership Team is asked to:

- Note the scorecard performance for the FQ3 (19/20) reporting period
- Consider and note the HSCP performance against National Health and Well Being Outcome Indicators and the Ministerial Steering Group measures of integration for the HSCP
- Note Waiting Times performance against targets
- Note the performance commentary with regard to actions to address exceptions against all indicators

1. EXECUTIVE SUMMARY

Performance for FQ3 19/20 notes 29 of the 44 measures are reporting as on target or better, with 14 reported as being off target and 1 measure in development.

Key areas of success against target for FQ3 (19/20) are:

- The percentage of adults able to look after their health very well or quite well (Target= 93%, Actual=93%)
- The percentage of total telecare service users with Enhanced Telecare Packages (Target 31%, Actual =45.7%)
- The percentage of children who are looked after and accommodated for more than a year and who have a plan for permanence (Target=81%, Actual =85.2%)
- The number of child protection repeat registrations from the preceding 18 months (Target=0, Actual=0)

Argyll & Bute's anticipated performance in terms of the number of patients in breach of consultant waiting times targets for new appointments has been

quantified in the NHS Highland Annual Operational Plan (AOP) submitted in March 2019. The AOP was informed by a “demand, capacity, activity, queue” analysis (DCAQ) process which identified the additional capacity that would be required to address average demand on a specialty by specialty basis.

The majority of the clinics provided in Argyll and Bute are provided by visiting consultants from NHS GG&C. However, there are some local specialties which are also not meeting waiting times targets at present.

A comparison between the FQ3 position and the AOP figures across all consultant outpatient specialties reporting variances against the 12 week target is detailed below.

12 week target

333 New Outpatient Appointments at Consultant Led Clinic breaches as at Q3 19/20. This is against a projected AOP forecast figure of 382 (-12.8%)

26 week target

112 New Outpatient Appointments at Consultant Led Clinic breaches as at Q3 19/20. This is against a projected AOP forecast figure of 103 (+ 8.7%)

The HSCP has received £377,800 in 2019/20 to support this activity with 60% of the funding released in the first tranche and the balance to be released if waiting times performance trajectories are met.

2. INTRODUCTION

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These suites of outcomes, together, focus on improving the experiences and quality of services for people using those services, carers and their families. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals.

Currently there are 9 key National Health and Wellbeing Outcomes (NHWBOI's) and 23 sub-indicators and additional measures which form the foundation of the reporting requirement for the HSCP. In addition the scorecard details progress against the Ministerial Steering Group (MSG) measures for monitoring the progress of integrated service delivery across the HSCP.

With regards to Waiting Times the Annual Operating Plan details a position for each quarter end census point throughout 2019/20 and the following two financial years. There is particular focus on achieving the projected FQ4 19/20 position of 333 outpatients to be in breach of the 12 week target with the 26 week position also subject to scrutiny. This is an interim point to ultimately achieve a zero breaching patient waiting times position as at the end of March 2021.

3. RELEVANT DATA AND INDICATORS

3.1 Overall Scorecard Performance for FQ3 (19/20)

Performance for FQ3 19/20 notes 29 of the new 44 measures are reporting as on target or better, with 14 reported as being off target and 1 measure in development.

Key areas of success against target for FQ3 (19/20) are:

- The percentage of adults able to look after their health very well or quite well (Target= 93%, Actual=93%)
- The percentage of total telecare service users with Enhanced Telecare Packages (Target 31%, Actual =45.7%)
- The percentage of children who are looked after and accommodated for more than a year and who have a plan for permanence (Target=81%, Actual =85.2%)
- The number of child protection repeat registrations from the preceding 18 months (Target=0, Actual=0)

Appendix 1 identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership performance against comparable IJB's for the 9 Health & Wellbeing Outcome Indicator's.

3.2 Scorecard Performance Exceptions for (FQ3-19/20)

The table below report the exceptions for FQ3 (19/20), including narrative identifying key trends and where appropriate actions reported to improve performance against targets. A "latest for all" position was used to eliminate data lag this means that FQ2 data may appear in use whilst we are awaiting national or local data updates.

National Health & Wellbeing Indicator and Performance Measure		Target	Latest (FQ3)	FQ2 Actual	Performance Narrative	Responsible Manager
1	The percentage of adults supported at home who agree that their health & care services seemed to be well co-ordinated	74%	72% 	72%	Performance Narrative: This performance measure is part of the bi-Annually reported Health & Care Experience Survey and as such future performance update will be reported for May 2020. Area specific analysis notes that H&L reported 63% against a 70% average across the other areas	Caroline Cherry
2	The number of unplanned bed days for Mental Health specialties	3974	6636 	5361	Performance Narrative: Performance continues to be off target, with a further increase in the number of unplanned beds days for this quarter. Area specific data notes that B&C had the largest reported number of unplanned bed days(2475) against (731) for H&L	Julie Lusk
2	The number of Accident & Emergency attendances	4240	4407 	4564	Performance Narrative: The performance trend against this data notes a reduction from FQ2 to FQ3 against target. In particular H&L note (1852) number of A&E attendances against, (1758) for OLI, (510) for B&C and (287) for MAKI	Elizabeth Higgins
2	The percentage of population in	2%	2.1%	2.1%	Performance Narrative: This relates to the balance of care of adults receiving care in the community versus care	Caroline Cherry

National Health & Wellbeing Indicator and Performance Measure		Target	Latest (FQ3)	FQ2 Actual	Performance Narrative	Responsible Manager
	community or institutional settings				homes. The figure for Q3 is only slightly beyond the target and we will continue to monitor.	
2	The percentage of Looked After Children who are looked after at home or in a community setting	90%	82.4%	84.2%	Performance Narrative: Performance against target notes a further reduction from FQ2 to FQ3. There has been an overall reduction in the number of children in a community setting with B&C(37), H&L(28), MAKI(20) and OLI (37)	Alex Taylor
3	The percentage of adults supported at home who agree they are supported to live as independently	81%	79%	79%	Performance Narrative: This performance measure is part of the bi-annually reported Health & Care Experience Survey and as such future performance update will be reported for May 2020. Area specific analysis notes that H&L reported (75%) against, (81%) for OLI, (89%) for B&C and (90%) for MAKI	Julie Lusk/Caroline Cherry
3	The percentage of Accident & Emergency attendances seen within 4 hours	95%	89.6%	91.2%	Performance Narrative: There is a reducing overall trend against target from the previous quarter. Data at locality level for number of people seen within 4hrs notes for B&C(426), H&L (1601), MAKI (254) and OLI (1666)	Elizabeth Higgins
4	Percentage of adults supported at home who agree their support had impact improving/maintaining quality of life	80%	74%	74%	Performance Narrative: This performance measure is part of the bi-annually reported Health & Care Experience Survey and as such future performance update will be reported for May 2020. .Area specific analysis notes that H&L reported (64%) against, (74%) for OLI, (85%) for B&C and (75%) for MAKI	Julie Lusk/Caroline Cherry
6	The percentage of carers who feel supported to continue in their caring role	37%	33%	33%	Performance Narrative: This performance measure is part of the bi-annually reported Health & Care Experience Survey and as such future performance update will be reported for May 2020	Caroline Cherry
6	Percentage of carers who have received a carers assessment/support plan	20%	17% (FQ2)	17%	Performance Narrative: The locality breakdown with regards to the number of carers support plans completed notes, B&C(15), H&L (45), MAKI (166) and OLI (43)	Caroline Cherry
7	The percentage of children on the Child Protection Register with a completed Child Protection Plan	100%	99%	93%	Performance Narrative: Performance against target has improved from the previous quarter. Locality breakdown notes B&C (100%), MAKI (100%), OLI (100%) and H&L (92%)	
7	The percentage of Adult Protection referrals completed within 5 days	80%	45.8%	60.4%	Performance Narrative: Referrals completed within 5 days performance remains significantly off target. Locality specific performance notes B&C (63%), H&L (63.6%), MAKI (33.3%) and OLI (31.8%)	Julie Lusk
8	Percentage of PRDs completed for the Health & Social Care Partnership	90%	72% (FQ2)	72%	Performance Narrative: Locality breakdown of PRDs completed Adult Care (East) -27%), Adult Care (West-74%), C&F+ CJ Team (92%) and Strategic P&P (40%)	Jane Fowler

National Health & Wellbeing Indicator and Performance Measure		Target	Latest (FQ3)	FQ2 Actual	Performance Narrative	Responsible Manager
8	Health & Social Care Partnership Attendance	4.10 Days	5.23 Days 	4.95 days	Performance Narrative: Attendance performance remains off target and notes a further increase from the previous FQ 2 position.	Jane Fowler
	Test Measure- HSCP Finance- Currently under development				In Development	

4. Waiting Times Performance- FQ3 (19/20)

Argyll & Bute's anticipated performance in terms of the number of patients in breach of consultant waiting times targets for new appointments has been quantified in the NHS Highland Annual Operational Plan (AOP) submitted in March 2019. The AOP was informed by a "demand, capacity, activity, queue" analysis (DCAQ) process which identified the additional capacity that would be required to address average demand on a specialty by specialty basis.

The AOP details a position for each quarter end census point throughout 2019/20 and the following two financial years. There is particular focus on achieving the projected FQ4 19/20 position of 333 outpatients to be in breach of the 12 week target with the 26 week position also subject to scrutiny. This is an interim point to ultimately achieve a zero breaching patient waiting times position as at the end of March 2021.

The HSCP has received £377,800 in 2019/20 to support this activity with 60% of the funding released in the first tranche and the balance to be released if waiting times performance trajectories are met.

Planned inpatient/day case care is subject to AOP projections and in general the HSCP is able to meet the 12 week Treatment Time Guarantee (TTG) target that applies within this setting from decision to treat to treatment. Argyll & Bute patients admitted for treatment in NHS Greater Glasgow & Clyde are excluded from reported performance against the AOP. The TTG target within Argyll and Bute therefore only applies to General Surgery, General Medicine, Chronic Pain, Community Dental and the visiting Oral Surgery service provided at Lorn and Islands Hospital in Oban.

The AOP also encompasses some of the 8 Key Diagnostic Tests & Investigations where a 6 week target applies.

For the purposes of the SLT to reassure and demonstrate the improvements made the most up to date activity data for the position as at end March 20 has been presented as projected at mid-February.

4.1 FQ3 Outpatient Waiting Times Performance

The majority of the clinics provided in Argyll and Bute are provided by visiting consultants from NHS GG&C. However, there are some local specialties which

are also not meeting waiting times targets at present.

A comparison between the FQ3 position and the AOP figures across all consultant outpatient specialties reporting variances against the 12 week target is detailed below.

12 week target

333 New Outpatient Appointments at Consultant Led Clinic breaches as at Q3 19/20. This is against a projected AOP forecast figure of 382 (-12.8%)

26 week target

112 New Outpatient Appointments at Consultant Led Clinic breaches as at Q3 19/20. This is against a projected AOP forecast figure of 103 (+ 8.7%)

4.2 FQ4 Outpatient Waiting Times Performance Update

At mid-February 2020 we are projecting **232** 12 week outpatient breaching patients against the AOP figure of 333 (-30.3%) and **90** 26 week breaches against the AOP figure of 77 (+16.9%) as at the financial year end.

12 WEEK POSITION	AOP Figure FQ4 19/20	FQ4 Projection as at 19/02/20	Difference
Dermatology	50	7	-43
Ear, Nose & Throat (ENT)	68	35	-33
General Medicine*	14	5	-9
General Surgery*	0	0	0
Gynaecology	0	5	5
Ophthalmology	114	7	-107
12 WEEK POSITION	AOP Figure FQ4 19/20	FQ4 Projection as at 19/02/20	Difference
Oral and Maxillofacial Surgery	7	1	-6
Orthodontics	0	7	7
Paediatrics	0	5	5
Pain Management*	40	80	40
Trauma and Orthopaedic	40	80	40
Grand Total	333	232	-101

26 WEEK POSITION	AOP Figure FQ4 19/20	FQ4 Projection as at 19/02/20	Difference
Dermatology	5	0	-5
Ear, Nose & Throat (ENT)	5	2	-3
General Medicine	0	0	0
General Surgery	0	0	0
Gynaecology	0	3	3
Ophthalmology	42	2	-40
26 WEEK POSITION	AOP Figure FQ4 19/20	FQ4 Projection as at 19/02/20	Difference
Oral and Maxillofacial Surgery	0	0	0
Orthodontics	0	0	0
Paediatrics	0	0	0
Pain Management	20	68	48
Trauma and Orthopaedic	5	15	10
Grand Total	77	90	13

*Note * - A&B HSCP consultant specialty*

The expected FQ4 position shows continued significant improvements on previous quarters with the 12 week position having decreased by 30% from

FQ3 and the end of year AOP target successfully met. Ongoing waiting list initiative clinics have considerably improved the position across most specialties, most notably within Dermatology and Gynaecology where we had been forecasting increased waiting times at year end. AHP triage has continued where appropriate and data quality has improved with sustained resource devoted to waiting list management.

Pain Management continues to be a significant risk given the current consultant vacancy in Lorn & Islands however support from the Independent Sector is being considered in the short term and plans to implement a pan Highland approach to this problem is anticipated for 2020/21. Due to the chronic nature of the condition return appointments are prioritised over introducing new patients to the service.

The HSCP is working closely with NHS Highland on its funding requirements for 2020/21 to put in place sustainable service provision.

Arrangements to continue waiting list initiative clinics into the new financial year are being made to ensure minimal deterioration in performance. Subject to the level of funding awarded we will look to address sub-specialty issues within Orthopaedics into 20/21 that have contributed to the number of patients waiting longest across the HSCP. The move to patient focused booking should further improve waiting times and list management.

4.3 FQ3 Inpatient/Daycase TTG Waiting Times Performance & FQ4 Performance Update

1 Planned Elective Inpatient/Day Case – 12 week Treatment Time Guarantee breach as at Q3 19/20. This is against a projected AOP forecast figure of 10 (-90.0%).

At mid-February 2020 we are projecting a possible 2 12 week inpatient/day case TTG breaching patients against the AOP figure of 8 (-75.0%) as at the financial year end. Work is ongoing to attempt to reach a zero breaching patient position and we are hopeful this will be achieved.

12 WEEK TTG POSITION	AOP Figure FQ4 19/20	FQ4 Projection as at 20/02/20	Difference
General Surgery	4	0	-4
Oral and Maxillofacial Surgery	4	2	-2
Grand Total	8	2	-6

4.4 FQ3 Endoscopy Waiting Times Performance & FQ4 Performance Update

65 Endoscopy Diagnostic 8 Key Tests & Investigations - 6 week breaches as at Q3 19/20. This is against a projected AOP forecast figure of 105 (-38.1%).

At mid-February 2020 we are projecting 40 6 week endoscopy breaching patients against the AOP figure of 98 (-59.2%) as at the financial year end.

Increased capacity delivered by waiting list initiative clinics has greatly improved the position most notably with patients awaiting an Upper GI investigation.

6 WEEK POSITION	AOP Figure FQ4 19/20	FQ4 Projection as at 20/02/20	Difference
Endoscopy	98	40	-58

4.5 FQ3 Radiology Waiting Times Performance & FQ4 Performance Update

6 Radiology Diagnostic 8 Key Tests & Investigations - 6 week breaches as at Q3 19/20 comprising 5 Ultrasound and 1 CT scan breach. This is against a projected AOP forecast figure of 6 across both disciplines.

At mid-February 2020 we are projecting **6** 6 week radiology breaching patients against the AOP figure of 6 as at the financial year end. Locum support has increased capacity and the waiting list remains well appointed across all sites.

6 WEEK POSITION	AOP Figure FQ4 19/20	FQ4 Projection as at 20/02/20	Difference
Ultrasound	4	4	0
CT	2	2	0
Grand Total	6	6	0

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

There are a number of National Health & Wellbeing Outcome Indicators (NHWBOI's) and Waiting Times Performance which support the quality and financial performance of the HSCP including productivity, value for money and efficiency.

5.2 Staff Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) indicators under outcome 9 and the Waiting Times Performance are pertinent for staff governance purposes

5.3 Clinical Governance

A number of the National Health & Wellbeing Outcome Indicators (NHWBOI's) and Waiting Times Performance support the assurance of health and care governance and should be considered alongside that report

6 EQUALITY & DIVERSITY IMPLICATIONS

The National Health & Wellbeing Outcome Indicators (NHWBOI's) and Waiting Times Performance help provide an indication on progress in addressing health inequalities

7 GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

None

8 RISK ASSESSMENT

None

9 PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None

10 CONCLUSIONS

It is recommended that the Integration Joint Board/committee:

Note overall scorecard performance for the FQ3 19/20 reporting period with regards to the National Health and Well Being Outcome Indicators and Waiting Times Performance

11 DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

Author Name: Stephen Whiston

Email: stephen.whiston@nhs.net

Appendix 1- A&B HSCP Benchmark HWBOI Performance (FQ2-19/20- awaiting national update)

The table below identifies the most recent SOURCE performance data with regards to Argyll & Bute HSCP, benchmarked partnership* performance, and the Scotland-wide performance against the 9 HWBOI's and their 23 sub-indicators.

Indicator	Title	Argyll & Bute	Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 1	Percentage of adults able to look after their health very well or quite well	93%	95%	94%	94%	92%	93%	94%	94%	93%
NI - 2	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	79%	76%	72%	86%	86%	83%	83%	84%	81%
NI - 3	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	76%	71%	68%	79%	80%	75%	74%	73%	76%
NI - 4	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	72%	71%	66%	76%	71%	73%	75%	76%	74%
NI - 5	Total % of adults receiving any care or support who rated it as excellent or good	80%	77%	75%	83%	71%	80%	83%	79%	80%
NI - 6	Percentage of people with positive experience of the care provided by their GP practice	85%	78%	80%	87%	76%	80%	88%	86%	83%
NI - 7	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	74%	77%	75%	86%	73%	79%	80%	81%	80%
NI - 8	Total combined % carers who feel supported to continue in their caring role	33%	34%	36%	38%	32%	39%	36%	38%	37%
NI - 9	Percentage of adults supported at home who agreed they felt safe	83%	80%	81%	84%	79%	84%	86%	88%	83%
NI - 10	Percentage of staff who say they would recommend their workplace as a good place to work	NA	NA	NA	NA	NA	NA	NA	NA	NA

Indicator**	Title		Angus	East Lothian	Highland	Midlothian	Moray	Scot Borders	Stirling	Scotland
NI - 11	Premature mortality rate per 100,000 persons	393	350	333	402	409	394	388	353	432
NI - 12	Emergency admission rate (per 100,000 population)	12,734	11,070	10,061	10,869	11,072	8,965	12,423	9,695	12,259
NI - 13	Emergency bed day rate (per 100,000 population)	114,539	101,329	100,122	107,946	119,404	90,596	132,370	101,658	118,462
NI - 14	Readmission to hospital within 28 days (per 1,000 population)	83	104	99	113	109	77	109	104	103
NI - 15	Proportion of last 6 months of life spent at home or in a community setting	90%	91%	88%	90%	87%	90%	86%	89%	88%
NI - 16	Falls rate per 1,000 population aged 65+	26	25	19	15	18	15	19	22	22
NI - 17	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections	74%	83%	84%	86%	87%	82%	79%	92%	82%
NI - 18	Percentage of adults with intensive care needs receiving care at home	68%	56%	61%	55%	68%	68%	62%	64%	62%
NI - 19	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population)	640	314	641	1,248	1,323	1,063	761	540	793
NI - 20	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	24%	23%	21%	21%	23%	20%	21%	23%	24%
NI - 21	Percentage of people admitted to hospital from home during the year, who are discharged to a care home	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 22	Percentage of people who are discharged from hospital within 72 hours of being ready	NA	NA	NA	NA	NA	NA	NA	NA	NA
NI - 23	Expenditure on end of life care, cost in last 6 months per death	NA	NA	NA	NA	NA	NA	NA	NA	NA

*Improvement Service Benchmarking Family Groupings for Children, Social Work and Housing Indicators

** Latest Data based on ISD Core Suite of Integration Indicators Standards as at Jun 2019 and may be impacted by data completeness.

Appendix 2- Health & Wellbeing Outcome Indicators- Success Measures for FQ3 (19/20)

Outcome 1 - People are able to improve their health	Status	Target	Actual
NI-1 - % of adults able to look after their health very well or quite well	●	93.0 %	93.0 %
NI-3 - % of adults supported at home who agree they had a say in how their support was provided	●	76.0 %	76.0 %
NI-16 - Falls rate per 1,000 population aged 65+ (Health & Wellbeing Outcome Indicators	●	5	4
A&B - % of Total Telecare Service Users with Enhanced Telecare Packages	●	31.0 %	45.7 %
NI-13 - Emergency Admissions bed day rate	●	30,800	20,444
Outcome 2 - People are able to live in the community		Target	Actual
MSG 1.1 - Number of emergency admissions - A&B	●	2,142	1,688
MSG 2.1 - Number of unplanned bed days acute specialties - A&B	●	14,172	10,250
Outcome 3 - People have positive service-user experiences		Target	Actual
NI-5 - % of adults receiving any care or support who rate it as excellent or good	●	80.0 %	85.0 %
NI-6 - % of people with positive experience of their GP practice	●	83.0 %	85.0 %
CA72 - % LAAC >1yr with a plan for permanence	●	81.0 %	85.2 %
Outcome 4 - Services are centred on quality of life		Target	Actual
NI-12 - Rate of emergency admissions per 100,000 population for adults	●	3,065	1,951
NI-14 - Readmission to hospital within 28 days per 1,000 admissions	●	98.6	54.0
MSG 5.1 - % of last six months of life by setting community & hospital - A&B	●	88.2 %	89.9 %
A&B - % of Waiting Time breaching >12 weeks	●	25 %	21 %
Outcome 5 - Services reduce health inequalities		Target	Actual
NI-11 - Rate of premature mortality per 100,000 population	●	425	393
NI-17 - % of SW care services graded 'good' '4' or better in Care Inspectorate inspections	●	83.0 %	84.1 %
NI-19 - No of days people (75+) spent in hospital when ready to be discharged, per 1,000 population	●	160 Days	140 Days
CPC01.4.4 - % Waiting time from a patient's referral to treatment from CAMHS	●	90.0 %	92.5 %
AC21 <=3 weeks wait between SM referral & 1st treatment	●	Dec 19 90.0 %	Dec 19 100.0 %

Outcome 7 - Service users are safe from harm		Target	Actual
NI-9 - % of adults supported at home who agree they felt safe	●	83.0 %	83.0 %
CP43 - No of Child Protection Repeat Registrations - 18 months	●	0	0
CJ63 - % CPO cases seen without delay - 5 days	●	80.0 %	95.6 %
A&B - % of Adult Protection referrals that lead to AP Investigation	●	10.0 %	12.5 %
A&B - % of complaints [Stage 2] responded within timescale	●	20.0 %	25.0 %
Outcome 8 - Health and social care workers are supported		Target	Actual
NI-10 - % of staff who say they would recommend their workplace as a good place to work	●	67.0 %	71.0 %
Outcome 9 - Resources are used effectively in the provision of health and social care services		Target	Actual
NI-15 - Proportion of last 6 months of life spent at home or in a community setting	●	89.0 %	93.0 %
NI-18 - % of adults with intensive needs receiving care at home	●	62.0 %	68.0 %
NI-20 - % of health & care resource spend on hospital stays where patient admitted in an emergency	●	24.0 %	18.0 %
MSG 4.1 - Number of DD bed days occupied - A&B	●	2,151	2,082